

City of Casper

PAYROLL DIRECT DEPOSIT AUTHORIZATION

☐ NEW

☐ CHANGE

Social Security # _____

Employee Name _____
First M Last

PRIMARY

Account # _____

Bank Name _____

Address _____

City, _____

State, Zip _____

Account Type – Checking ☐

Savings ☐

Amount _____

SECONDARY

Account # _____

Bank Name _____

Address _____

City, _____

State, Zip _____

Account Type – Checking ☐

Savings ☐

Amount _____

ADDITIONAL

Account # _____

Bank Name _____

Address _____

City, _____

State, Zip _____

Account Type – Checking ☐

Savings ☐

Amount _____

I authorize the City of Casper and the financial institution listed above to initiate electronic entry to my checking or savings account for payroll purposes. This authorization is to remain in full force and in effect until the City of Casper has received written notification from me authorizing termination. I understand any termination must be made in such time and manner as to afford the City and the financial institution a reasonable opportunity to act on it. I understand that the City may initiate a reversal of any entry made under this agreement if an error has been made. I also understand that the financial institution listed above is to provide me with the procedures to resolve errors made under this agreement.

☐ I have attached a voided check, check copy, or savings deposit slip or copy of bank card for the above account(s). **DO NOT USE A CHECKING DEPOSIT SLIP MOST DO NOT HAVE THE CORRECT ROUTING NUMBER.**

Employee's
Signature _____

Date _____/_____/_____